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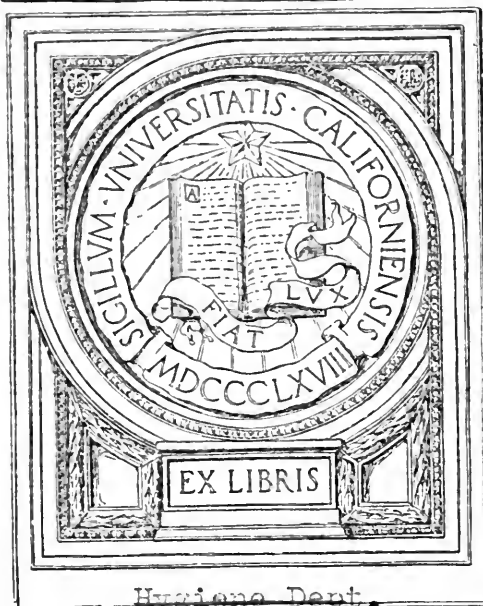
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# HANDBOOK OF ORGANIZATION AND METHOD IN HOSPITAL SOCIAL SERVICE

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MARGARET S. BROGDEN

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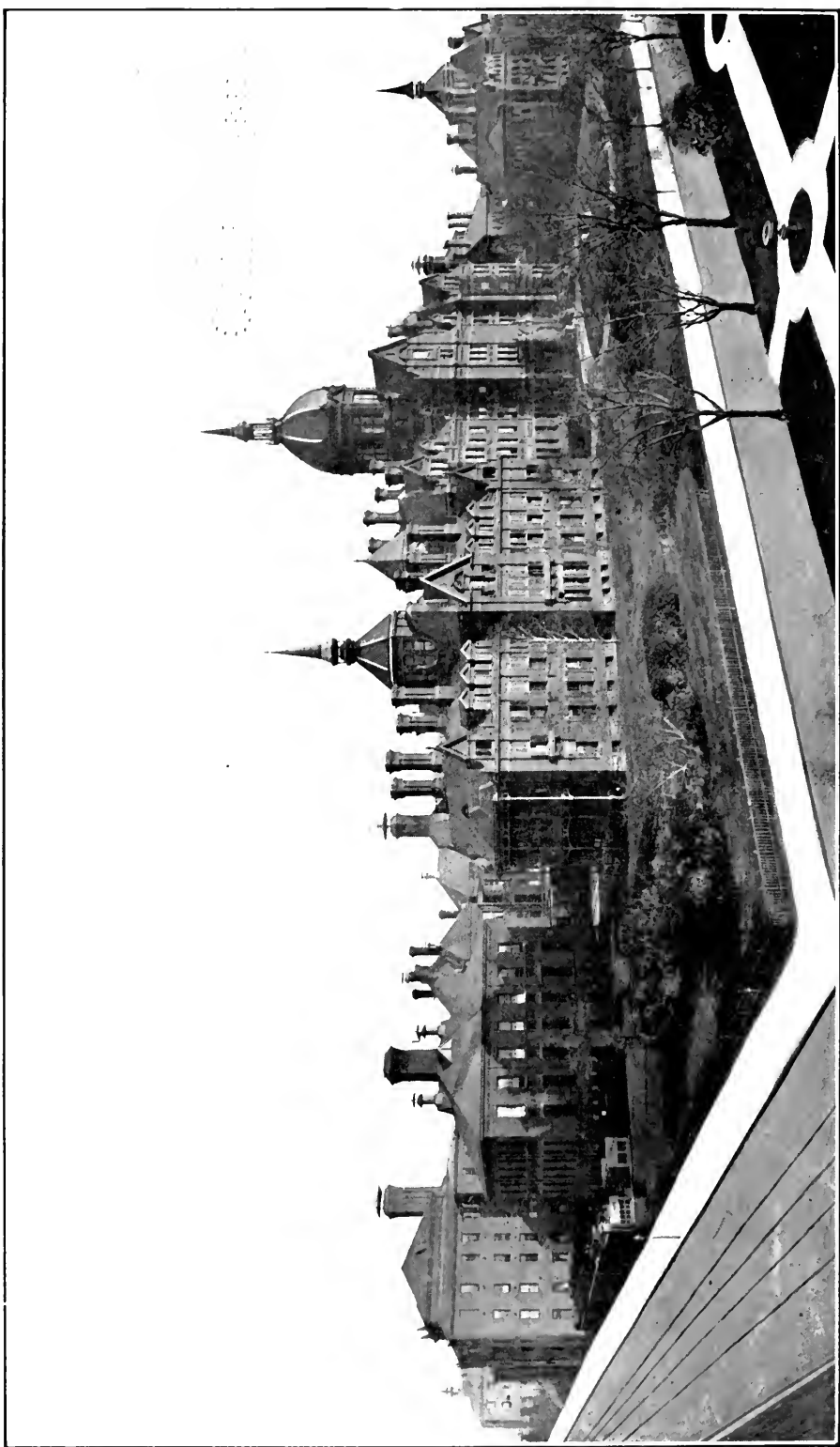
Reviews



*Handbook of  
Organization and Method in  
Hospital Social Service*



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# Handbook of Organization and Method in Hospital Social Service

An Outline of Policies as practiced at  
*The Johns Hopkins Hospital*  
Baltimore, Md.

by

MARGARET S. BROGDEN  
*Chief of Social Service*  
*The Johns Hopkins Hospital*  
*Baltimore, Md.*

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Published June, 1922

## IN THE HOSPITAL

The doctor smiled, and said, "You may go home  
Tomorrow;" and he looked surprised when I  
Returned no answering smile. How should he know  
The sudden shrinking of my tortured flesh  
From all that "going Home" implies to me?  
I am so tired—so tired! And when I think  
Of taking up the burdens that I dropped  
When sickness bought for me a breathing space—  
The grimy, odorous clothes, so hard to rub  
To whiteness as I bend above the suds;  
The food that must be bought, prepared, and cooked;  
The constant struggle to keep up the rent,  
So that our poor, cheap sticks of furniture  
May not be set out in the public street,  
(Ah, God! that fear looms chief of all my fears!)—  
Then is it strange that I should weakly cling  
To this white cot, this atmosphere of rest,  
Where I may sleep, afar from vendors' cries,  
And noisy brawlings from the flat next door?  
I almost hoped this pain would end all pain;  
But no; the verdict's "Life!" I must "go home!"

—FLORENCE VAN CLEVE.



## INTRODUCTION

Monrovia, California,  
May 17, 1922.

“Miss Margaret S. Brogden,  
Social Service Department,  
The Johns Hopkins Hospital,  
Baltimore, Maryland.

My dear Miss Brogden:

Your letter was forwarded to me here, where I am spending the summer.

I used your Policy Book as reference material for those students in my course in record keeping who were interested particularly in hospital social service, and to that group I feel that it had real value in making clear the relationship of records to hospital administration, and of showing case records in their administrative setting, a thing which the new worker always needs to learn.

Of course, it is understood that adaptations would be needed in applying this or any other plan to another institution, but it seems to me that any hospital social service worker would be helped by the suggestions in this book.

Sincerely yours

(Signed)

GEORGIA G. RALPH.”

(Of the New York School of Social Work).



## PREFACE

With the growth and development of the social service department, the need of a reference book setting forth clearly the routine and policies of the department, accessible to all the workers, became apparent.

To meet such need this book was compiled.

In addition to our own routine and policies I have incorporated into it helpful material and suggestions from the Boston Dispensary and the Massachusetts General Hospital Social Service Departments, the writings of Miss Mary E. Richmond, Dr. Richard C. Cabot and others, to whom I am much indebted for their co-operation and courtesy.

This book was compiled with no idea of publication. It is being published now in response to numerous requests from visitors to our department. The original is in the form of a loose-leaf ledger, and has been revised from time to time to meet changes in the social service department or dispensary routine. I regret that at this late date I can not give due recognition to those who have generously helped me with their suggestions and material.

M. S. B.





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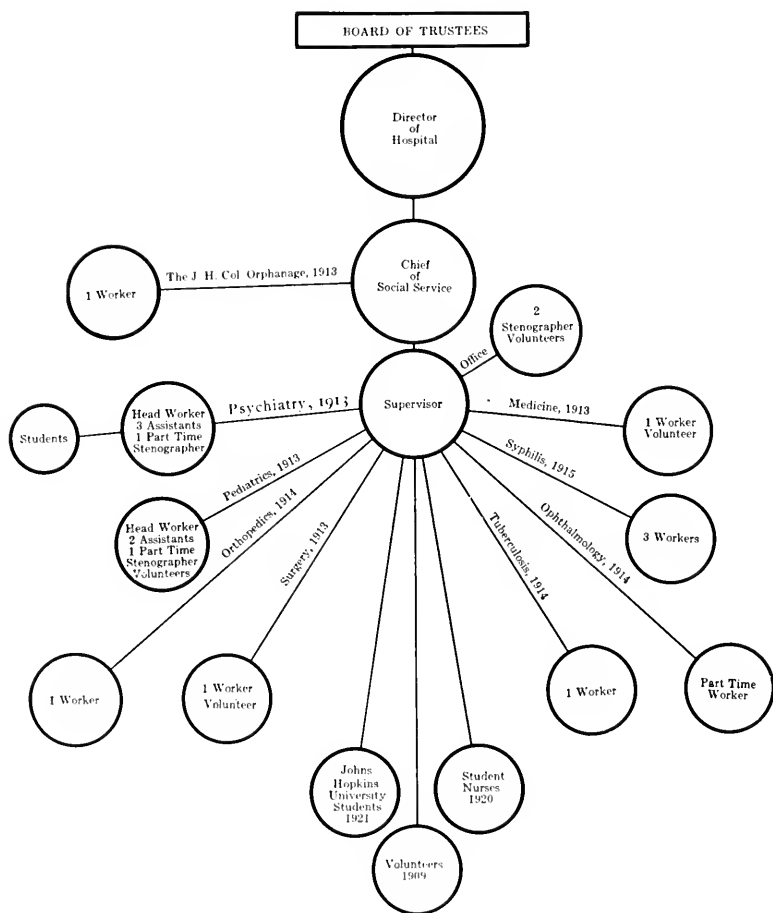
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# **THE JOHNS HOPKINS HOSPITAL.** **Organization of the Social Service Department**



SOCIAL SERVICE DEPARTMENT  
ORGANIZATION OF THE HOSPITAL

The Johns Hopkins is a general hospital of 625 beds.

The service includes:

Medicine, with sub-divisions,  
Surgery, with sub-divisions,  
Gynecology, with sub-divisions,  
Obstetrics,  
Pediatrics,  
Psychiatry,  
Pathology,  
X-Ray,  
Social Service,  
Out-Patient Department.

There is a daily dispensary service, with nineteen departments, and an average attendance of 475 patients a day.

Each hospital service has a chief of service, with resident and visiting staff.

There is a Training School for Nurses, with 48 officers and 240 pupils. The course is three years.

Social Service is an integral department of the hospital, supported by hospital funds. The staff comprises a department chief and sixteen associates. The department chief is responsible to the trustees through the director of the hospital. Social Service is in operation in the following services:

Department of Medicine,

- “ “ Surgery,
- “ “ Pediatrics,
- “ “ Psychiatry,
- “ “ Tuberculosis,
- “ “ Syphology,
- “ “ Ophthalmology,
- “ “ Orthopedics,
- “ “ General.

The social workers are assigned to a definite service and cases are referred by the physicians on that service from both the hospital wards and out-patient department.

A weekly staff meeting is held on Thursday, 9-10 A. M.

The function of the social worker is to aid in medical treatment and prevention of disease through investigation, reporting to the physician and adjustment of problems, both personal and environmental, that



hinder or retard the process of recovery. If I may define our function in the terms of the American Hospital Association's Survey:

“Discovery and reporting to the physician facts regarding the patient's personality and environment which relate to his physical condition.

Overcoming obstacles to successful treatment, such as may exist or arise in his home or work.

Assisting the physicians by arranging for supplementary care when required.

Educating the patient in regard to his physical condition in order that he may co-operate to the best advantage with the doctor's program for the cure of the illness, or the promotion of health.”

Through the Social Service, interpreters are secured for foreign-speaking patients. Aid in management of clinic is supplied by volunteer staff. Medical information and advice regarding medical sources is furnished outside agencies. Such services as arranging for transportation and escorting patients who are unable to perform these offices for themselves, either because of illness or ignorance, are rendered. All cases are referred by the physicians with definite recommendations.

The Johns Hopkins is a private hospital dependent for support upon its endowment, voluntary contributions and fees from patients. Both private and public ward patients are received. During the year from February 1, 1920, to February 1, 1921 7,793 patients were treated in the hospital wards, and

142,532 visits were made to the out-patient department. 2,882, or 37.1% of the house patients, received free treatment, and 2,791, or 35.8%, were treated at a reduced rate.

The Johns Hopkins is essentially a teaching hospital, closely allied with the Johns Hopkins University and Medical School. The members of the Hospital Staff hold corresponding positions in the Medical School; for example the Professor of Medicine is the Physician-in-Chief to the hospital and the head of the Medical Service.

Courses in psychiatric and medical social service are given in collaboration with the Johns Hopkins University, to a limited number of students who have completed the first year's work in the course in Social Economics at the Johns Hopkins University, or a school of social work of equal requirements.

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## REPORT OF COMMITTEE ON THE FUNCTIONS OF HOSPITAL SOCIAL WORK at

Presented at the Annual Meeting of The American Association of Hospital Social Workers, June, 1921.

### PERMANENT FUNCTIONS

1. Case work; by the method of social case work to care for ward patients and out-patients whose medical and social condition indicate need of adjustment in order to render their medical treatment effective and restore them to health and sound social condition.

2. Research; to study social causes of health conditions and behavior.

3. Education;

a. To co-operate with schools of social work in the training of students for hospital social work.

b. To give to students from training school for nurses, medical schools and from schools of sociology and psychology insight into the social environmental conditions of patients, through lectures, required reading and field work.

c. To interpret the hospital to the community by posters, charts, public speaking and other means, and to help to make the resources of the institution available to persons in the community.

d. To educate the public by the same means in hygiene and to teach the relation between social conditions and health.

e. To co-operate with such outside agencies, institutions and interested individuals as may serve to enlarge the functions of the hospital, and to render its care of patients more effective.

### TEMPORARY FUNCTIONS

In organizing a department, it may be necessary to undertake, for a time, certain duties that are not essentially the function of hospital social work, such as those of clinical clerk, admitting clerk, financial investigator for the hospital or messenger, which may be performed for a time with the intention of helping the hospital to fulfill its obligations toward the community as well as to the patients. In undertaking these temporary and supplementary duties it is important not to lose sight of the fact that the primary function of hospital social work is social case work, and that the best contribution of such work both to the hospital and the community is to perform this function.

## “APPROACH TO DOCTORS AND NURSES”

“Find out the names of doctors and nurses on duty in the clinic before going to it.

“On entering a clinic to take a patient to a doctor, or to make inquiry, be careful each time to give your name and state your connection with the dispensary, to wit: “of the social service department.”

“DO NOT OMIT the formality unless you are sure that your name and connection are well known, remembering that you are but one of many going on similar errands and that it is not easy for the doctors to place each personality quickly.

“In referring a patient to a doctor, only give the symptoms which led you to seek medical advice. Do not make a diagnosis. For example: never say, ‘I have brought John to see you about his adenoids, but say, ‘As John can not breathe through his nose, I want him to have an examination.’ The making of a diagnosis by a layman is very irritating to a physician, and therefore extremely bad etiquette. Doctors themselves in seeking a consultant are very cautious about doing so.

“Give the physician sufficient information in regard to your errand to gain his interest, but do so in as few words as possible.

“When a doctor refers a patient to a social worker, or makes inquiry of a social worker in regard to a patient, if the particular patient in question is present, or other patients, do not discuss the case in their presence. Make an excuse for seeing the doctor in another room or at another time.

“Before leaving the clinic make a definite arrangement at the doctor’s convenience for securing a report in regard to the examination of the patient. For example, either plan to return to the clinic at a certain time or to see the doctor in the social service department on his way out of the dispensary. If there is a social worker in the clinic it is best to have all arrangements go through her.”

## CASE ANALYSIS

“In order to understand a hospital patient’s disease we should know:

1. The individual
  - a. Physically {Organs and functions  
Habits
  - b. Mentally {Habits  
Interests  
Abilities  
Fears, worries, etc.
2. His environment
  - a. Physically {Food and clothes  
Housing  
Work conditions  
School conditions  
Income and outgo
  - b. Mentally {Family and friends  
Workmates  
Schoolmates  
Recreation  
Religion”

The above quotation is taken from a paper by Dr. Cabot published in the “Modern Hospital,” March, 1916. If we agree with Dr. Cabot (I think few will question his statement) that the physician must know his patient both from the physical and the environmental side, and since the physician’s time is completely filled with the study of the physical, it is evident that information concerning the environmental must be supplied to him through the medium of social service.

CASE WORK

A. Patients:

I. How referred:

- a. Inside the hospital, (admitting officers, doctors, nurses, social workers.)
- b. Outside the hospital (social agencies).

II. Why referred and methods of handling:

- a. Home adjustment; visits to home, to relatives, friends, employer and clergyman.
- b. Work adjustment: investigation of character and place of employment; interview with employer.
- c. School adjustment: visit to school, interview with teacher, withdrawal from school, or transfer to special class.  
(For special classes see directory, S.S.D. office)
- d. Hospital care.

(1) Pay Patients:

- (a) Applying for admission to JHH should be referred directly to Admitting officer.
- (b) If no room in JHH, phone other hospital for admission (see telephone directory).

(2) Free Patients:

- (a) If there is no room in JHH, and patient has resided in Baltimore for one year, phone Plaza 2000, Clerk of the Supervisors of City Charities office, 329 Courtland St., for bed in another hospital.



Or if patient has chronic disease, a recommendation blank may be filled by the doctor's order and the patient sent to above office for admission to Bay View Hospital.

- (b) Should the patient be too ill to make personal application, a relative or friend may take recommendation and secure admission slip from the Clerk of Supervisors of City Charities. If ambulance case, special permission may be asked to send patient without admission slip. Information can be given by phone to the Clerk who will transmit same to the hospital and secure the use of the City ambulance. The JHH recommendation must be mailed immediately to the Supervisor's office. It is possible to secure use of the JHH ambulance through the admitting officer if the City ambulance is not available.

The Social Service Form may be requisitioned in the Social Service office.

- (c) If there is no room in the JHH, and patients reside in Maryland but not in Baltimore, phone to the Secretary, State Board Aids and Charities, 405-6 Union Trust Bldg. (Plaza 2680), for care in a hospital providing beds for state patients, or communicate with the commissioners of the county from which they come.

- (d) Should the patient live out of Maryland and be too ill to travel, phone office of the Supervisor of City Charities (see paragraph (a) ), stating details of the case, and ask advice or assistance. In some instances it is possible for the Supervisor to provide temporary care at the BVH pending arrangements to send the patient home.
- (3) A U. S. sailor may be referred to United States Public Health Service, Custom House, Gay & Lombard Streets (phone, Plaza 4220). A foreign sailor may be referred to the consul representing his country.
- (4) Contagious disease diagnosed by a member of the JHH staff or by a doctor sent by the Health Department, is handled by the latter office.

If the patient has advanced pulmonary tuberculosis and has been a resident of Baltimore for one year, effort should be made to secure immediate admission to the Municipal Tuberculosis Hospital.

If this is impossible, the patient is sent home and the Tuberculosis Division of the Health Department is notified. By this means the patient is placed on the waiting list for the MTH or sanatorium, and is given nursing care pending admission.

e. INSTITUTIONAL CARE.

- (1) A man or woman, white or black, without home or funds and not in need of hospital care, can be sent to The Friendly Inn, 309-11 S. Sharp Street (phone, Plaza 278).
- (2) Un-co-operative patients living in the city, in the primary or secondary stages of syphilis or gonorrhoea, may be referred to the Health Department (Plaza 320) to enforce treatments. Un-co-operative patients living in Maryland outside of Baltimore may be referred to the State Board of Health, 16 W. Saratoga St. (Plaza 4810). Soldiers and sailors are sent to the United States Public Health Service.
- (3) Should it seem likely that the patient will need care for an indefinite period, the Bay View Hospital commitment can be arranged through the Clerk of the Supervisors of City Charities, provided the patient has been a resident of Baltimore for one year. Out-of-city patients without home or funds can be sent to The Friendly Inn pending investigation of the patient's statement as to his social situation.
- (4) Patients with mental disorder who are residents of Maryland, after being certified by two physicians who are residents of Maryland and have practiced for 5 years, should be referred to the Secretary of the Supervisors of City Charities, Court

House (phone, Plaza 2000); blank certificates can be secured from the HPPC.

Arrangement must be made with the Secretary of the Supervisors of City Charities by the nearest relative. Non-residents without resources may be referred to the Secretary of the Supervisors of City Charities pending return to their own state.

f. Medical attention, nursing and convalescent care.

- (1) If a patient residing in the City needs medical attention at home and is unable to pay for same, notify the Instructive Visiting Nurse Association, 1123 Madison Ave. (phone, Vernon 469).
- (2) Patients over three years of age, residents of the City, in need of nursing care can be provided with it as follows:
  - (a) If the patient has non-contagious disease notify the Instructive Visiting Nurse Association.
  - (b) If the patient has contagious disease, notify the Nurses Division of Health Department, 311 Courtland St. (phone, Plaza 230).
  - (c) If the patient has pulmonary tuberculosis, notify the Nurses Division of the Health Department, 311 Courtland St. (phone, Plaza 230)
  - (d) Infectious venereal cases receiving treatment at the dispensary are reported to the City Health Department if they can not be induced to come regularly for treatment.

- (3) Patients three years of age and under, residents of the City, in need of nursing care can be provided with it as follows:
    - (a) If the patient has non-contagious disease, notify the Babies Milk Fund Association, 130 S. Calvert St. (phone, Plaza 3271).
    - (b) See paragraph (2) (b).
    - (c) See paragraph (2) (c).
    - (d) Children needing surgical dressings should be referred to the Instructive Visiting Nurse Association (phone, Vernon 469).
  - (4) Mothers of children needing country care during the summer can be sent to The Fresh Air Farm, through the Children's Fresh Air Society, 35 Knickerbocker Bldg., Lexington and North Sts., (phone, Plaza 1268).
- g. Surgical Appliance dental plates, diet and material relief:
- (1) Patients residing in Baltimore who claim inability to provide any of the above, can be referred to the Family Welfare Association's district office (see phone book for addresses).
  - (2) Hebrew patients should be referred to the Hebrew Benevolent Society, 411 W. Fayette St. (phone, Calvert 3280.)
  - (3) Roman Catholic patients should be referred to the St. Vincent de Paul Society, 222 St. Paul Street, (phone, Plaza 4216).

- (4) Abdominal binders recommended in the JHH dispensary will be furnished at reduced prices by Miss Foard, maker, 711 N. Carey St. (phone, Madison 81). Miss Foard is in the dispensary on Tuesdays 11 a. m.-12 m. to take orders and measure patients.
- (5) Should the patient live out of the city, effort should be made with the patient's permission to secure assistance from the relatives, friends, church, employer or relief-giving agency in his place of residence.
- h. Free treatment, lunch and car-tickets.
  - (1) 24-hour pass can be given without investigation, permanent free treatment should be given only after investigation. See form on page 67.
  - (2) Lunch can be provided, when the patient is unable to pay for it and must remain for afternoon clinic.
  - (3) Car-tickets can be given for emergency use. (Money for lunches and car-tickets may be obtained from the secretary, Social Service office.) See form on page 65.
- i. Steering.
  - (1) To another clinic for examination.
  - (2) To admitting office at front.
  - (3) Out-of-town patients to a boarding-house.
- j. Emergency or accident cases.
  - (1) To accompany patient home.

(2) To call an automobile to take the patient home. The Stewart taxi-Service Co., 7 W. Eager St., for white and colored patients. Patients not ambulance cases may be sent home or called for in the social service Ford car if necessary; write requisition in the register in central office.

(3) To notify patient's relatives, friends or employer of illness either in person or by telephone.

k. Return visits.

Efforts should be made by letter or visit to secure return of patients to the clinic, if further treatment is advised.

l. Reports.

Diagnosis and recommendation as to treatment may be given to other medical or social agencies or to responsible individuals, (i. e., friend, relative or employer.) See page 62.

## RECORDS

## ATTITUDE TOWARD RECORDS.

“There is a certain natural tendency in most of us to exalt the record as an end in itself, a tendency to feel that something has actually been accomplished in the disposition of a case when a statement appears in black and white. We are a little too inclined to feel, perhaps, that the aim of asking questions of the persons we are interviewing is to get material to fill the blank spaces on a yellow card. A record, however, is only a tool to be made keen and kept available for use. Only that should go into a record which will help the agency whose tool it is, in the working out of the problem which this particular case presents or which will aid in the interpretation of other cases. There may possibly be material introduced, which, though of no available use at the time there cord is made, may furnish data for a special inquiry of one kind or another. The record should not be used to stand for the justification of the worker—for instance that she lost a great amount of time in trying to establish a telephone connection. The record stands for the establishment of definite human relationships. It grows and takes new force as, because of these relationships, things happen.”

## THE DANGER OF BECOMING MECHANICAL IN WORK

“It is always easy to do a thing in the same way we have done it a hundred times before; it saves the trouble of thinking. In social work, because of its



nature, action merely mechanical is fatal to real accomplishment. We must ask our questions, not because we believe that such questions always are asked, but because we want to find out certain things. When we visit a home we notice the surroundings of the house, the hallways, the light, the cleanliness, the ventilation, the sleeping arrangements, the toilet conveniences, etc., not because a complete report is expected of us, but because the man or woman whose problem we are trying to understand and help solve is vitally affected by these things. They bear a direct relation to his past, his present and his future.

"The method we employ in a given case should not necessarily be the one that happens to occur to us first; it should be chosen because we have reason to think it will bring the best results. It represents a conscious taking of heed in the matter."

#### THE NEED OF ACCURACY AND COMPLETENESS OF INFORMATION

"Inaccurate information is practically valueless or positively harmful as a social history. So often one stops short just a step too soon. Go on and you get a clear view of the situation; stay where you are and there is nothing but haziness about you. You must follow up your clues. A woman tells you that she has had a great deal of sickness. You do not find out how long ago the illness occurred, how and by whom she was treated, what hospital care, if any, she received. You expect to be able to make a plan for her future treatment without any idea as to how she reacted to treatment in the past. Or she gives you the name and address of an attendant physician and you get it almost right, but find later that your information will not identify.

“Before you are prepared to make any plan in a given case you must have both complete and accurate information. With your deep realization of this comes a very real change in attitude as investigator. You lose the feeling that you are intruding, in your interest in a human situation.

“Carefully prepared histories should furnish valuable data for research work.”

#### THE NEED OF GETTING RESULTS

“In most cases, our getting results is dependent upon a great amount of questioning and record-writing, on use of the telephone and the postman, and it is fairly easy to confound effort made with results obtained.

“Whether the two are even closely related depends upon the competency of the worker. Has she the skill to get a complete statement of the situation, the wisdom to interpret it, and the power to act according to a well-conceived plan, then there will probably be little wasted energy. She will be saved the only too common experience of filling her days full of comings and goings which, because they do not lead to an accomplished goal, are meaningless.”

#### RECORDS SHOULD SHOW

1. Cause as well as effect.
2. Results:
  - a. What has been accomplished.
  - b. Failures as well as successes.
3. What other agencies are needed in the community.

4. How far problems of disease are affected by environment.
5. Where relief is necessary is it adequately given?
6. Definite status at time case is closed.

#### TYPES OF RECORDS

There shall be six types of case records: i.e. (A) page 41, statistical records; (B) pages 42, 44, 45, intensive case records; (C) pages 43 to 45, special case records; (D) Same as (A), short service records; (E) page 46, social service records for dispensary histories; (F) page 47, steering blank records.

#### STATISTICAL RECORDS

Statistical records, see sample (A) on page 41, of all new cases after being filled in by long hand should be put in wire basket No. 1 in the record room. The secretary will number, make index cards if intensive case and duplicate card for permanent record if short service case, and return the original card to wire basket No. 2.

A statistical card in the index file indicates no social service record except the yellow sheet filed with the medical record.

#### INTENSIVE AND SHORT SERVICE CASE RECORDS

Samples ((B) and (C) on pages 42 to 45) are kept in addition to the statistical record when intensive case work is undertaken. Should a case be started as a short service case and develop into an intensive case, a (B) or (C) record is made and it is

indexed and handled as in the intensive cases. Date of birth, not age, should be given. Present tense is used in history writing. Notes are entered chronologically.

An intensive history has one family face sheet (B No. 1, page 42 or C No. 1, page 43). It has as many individual face sheets (B and C No. 2, page 44) as there are patients in the family treated by social service.

In speaking of a doctor, mention his name and position on the staff or in the clinic.

In speaking of a patient, be sure to mention him by name, prefixed "In re" in red type.

In mentioning other persons state name and relation to the patient.

In mentioning co-operating agencies state the name and official position of the worker interested in the case.

Always use official title of agencies and institutions.

### SOCIAL SERVICE RECORDS FOR DISPENSARY HISTORY

#### (YELLOW SHEET)

A social service history (E), page 46, filed with dispensary records is made with each case treated by social service. (N. B. A note may be made on the medical history instead of making up the yellow sheet in cases referred for return visit or immediate hospital care.)

#### OLD HISTORIES

Make up a No. 2 sheet for a re-instated patient, if such a sheet is lacking. CONFIRM HOUSEHOLD as it appears; ADD NEW NAMES if any; CONFIRM THE ADDRESS.

When histories are re-instated, a memorandum of change of address, deaths, births, etc., should be attached to the history, so the necessary note, corrections, or additions may be made on the file cards.

In the case of the death of a patient, write in red ink "Died" (and give date) after the name on No. 1 and No. 2; of the death of a member of the family, write in red ink "Dead" after name.

### LETTERS

Copies of letters, either in whole or in abstract, are embodied in histories, with note "See letter No.—" Letters are then marked with S. S. number and number of letter and put into file drawer.

### MAKING CORRECTIONS IN TYPEWRITTEN WORK

A small cross mark (x) opposite the line will call attention to any error in typing; any change in phraseology is indicated by writing in margin.

DO NOT UNDERScore WHEN A CHANGE IS DESIRED.

### FOLDERS

Surname, father's and mother's Christian names are typed in the extreme left-hand corner, social service number in right-hand corner.

### CARE OF RECORDS

FOLDERS ARE NEVER TAKEN FROM THE DRAWER EXCEPT:

1. When histories are closed at the end of the month.
2. When cases are re-instated.
3. When closed histories are pasted in the folder.

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In the first instance a note “closed” is attached to the folder; in the second, a note “re-instated,” (abbreviated R.-I.) with the worker’s initials and the department, is attached to the folder, and it is put in the file drawer. Closed histories are pasted in the folder by the Secretary.

All histories are filed in the central office except those active in H P P C., or H L H. Active histories are filed alphabetically; no histories are to be kept out of the files over night.

Whenever a history is taken from its folder a note (see form below) must be left in its place.

No 1  
Size 5'' by 3''

HISTORY NO.....	NAME.....
HELD IN DEPARTMENT.....	
TAKEN BY.....	
DATE.....	
.....	
SENT TO.....	
DATE.....	

When a pasted history is taken from the drawer a temporary folder is put in its place, containing note stating department held in, date, and by whom taken. A blank for the purpose will be found on top of the filing cases. (See page 36).

When a history is reinstated in H P P C or H L H the original folder is put into the file drawer with proper note (as above) and a temporary folder is made in the branch office.

#### OUTLINE FOR WRITING HISTORIES

Date:

Worker's name, department, stenographer's initials.

IN RE: Patient's Name.

I. Referred by: Co-operating agency, doctor, student, personal application, etc.

II. Why referred: Concise statement of reason for referring.

III. Medical Data:

1. Name and rank of doctor who gives the following information: stated in medical terms and in descriptive terms intelligible to lay persons, and, if more than one disease is present, which is the more important for treatment.

Summarize special findings, e.g., tests and reactions.

2. DIAGNOSIS.

3. PROGNOSIS.

When will pt. probably be restored to normal condition. Disability-permanent handicap-work, when will pt. be able-kind-amount-social conditions that may affect prognosis.

4. TREATMENT.

Where to be obtained—O P D-other hospitals-medicine-dressings-prescription and instructions-date to return.

5. PREVIOUS MEDICAL FACTS.

When significant.

Treatment—where obtained.

IV. Personal Appearance.

When significant.

V. Home Conditions. From whom and by whom obtained; from home visit whenever possible. Number of rooms, flights, location, sun and air, yard, piazza, plumbing, modern improvements, approach to house, frame or brick, street. Order. Cleanliness.

VI. Family Background or History.

Social status. Length of time in United States and at different addresses. Reasons for coming to Baltimore. Date and place of marriage. Significant events in family life. Religious connections.

VII. Personal History:

- a. Education: Ability to read and write.  
Grade reached in school.



Trade or evening school.

If at school, grade and teacher.

Distance from school, walk or ride.

- b. Industry: Name of industry, foreman and work number.

Hours of work, sitting or standing.

Female, distance from home, walk or ride.

Time in present position, frequent change and reasons.

Earnings.

- c. Social connections and recreation. Kind of recreation—out-of-doors. Companions.

- d. Habits. Disposition, attitude towards home and relationships within family.

- e. Personal hygiene. Diet.

VIII. Analysis of members of family and household.

- a. Health.

- b. Work.

- c. Attitude toward patient and treatment.

IX. Financial Data.

Total earnings of all wage earners (gross income).

Amount given to family budget (net income.)

Itemized list of expenditures; rent, union, dues.

X. Relatives.

Significant facts—relationship, number of children, health, finances.

XI. Patient's Statement of Difficulty and Plan.

XII. Personal Impression. When significant.

XIII. Reports from relatives, doctors, ministers, other agencies.

(Paragraphed separately).

XIV. Tentative social plan.

(Including statement of emergency action.)

Next steps—medically, socially.

XV. Action taken.

Chronological.

In re: patient's name, whenever note refers to different patient.

XVI. Summary.

(Very brief, when case is closed).

1. Action taken.

2. Present status of case.

#### OUTLINE FOR YELLOW SHEET

Outline for Yellow Sheet:

Referred by:

Diagnosis:

Why Referred:

Social Situation:

Action Taken: status at time of closing.

FORMS:

A

Size 5'' by 3''

THE JOHNSHOPKINS HOSPITAL SOCIAL SERVICE DEPARTMENT				
NAME		WORKER		
ADD.		OCCU.		
D. OF B.	W. B.	M. F.	S.M.W.D.	
DEPT.	DISP. NO.		S. S. NO.	
DIAG.				
REF. BY				
OP.	CLOS.	TRANS.	DIED	
NEW	REIN.	INTEN.	SHORT SER.	NOT REG
REL.				
CO-OP. AG.				

Reverse Side of A

REMARKS
---------

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B1

Size  $6\frac{1}{2}$ " by  $9\frac{1}{2}$ "

THE JOHNS HOPKINS HOSPITAL SOCIAL SERVICE DEPARTMENT									
		DATE		S. S. NO.					
SURNAME				RACE		C. E. OF I.			
CROSS REF.									
DATE	ADDRESS			HOUSE	ROOMS	FLOOR	RENT PER WK.		
DATE	PREVIOUS ADDRESS			HOUSE	ROOMS	FLOOR	RENT PER WK.		
NO.	HOUSEHOLD	RELATION	D. OF B.	BIRTHPLACE	OCCUPATION	DISP. NO.			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
RELATIVES		ADDRESS				RELATIONSHIP			
AGENCIES AND INDIVIDUALS						INTERESTED IN			

C1

Size 6½" by 9½"

THE JOHNS HOPKINS HOSPITAL  
SOCIAL SERVICE DEPARTMENT

		DATE			S. S. NO.		
SURNAME			RACE		C. E. OF I.		
CROSS REF.							
DATE	ADDRESS	HOUSE	ROOMS	FLOOR	RENT PER WK.		
DATE	PREVIOUS ADDRESS	HOUSE	ROOMS	FLOOR	RENT PER WK.		
NO.	HOUSEHOLD	D. OF B.	RESULT OF EXAM.	DISP. NO.	OCCUPATION		
DATE INT.	RELATIVES	ADDRESS		RELATIONSHIP			
DATE INT. AGENCIES AND INDIVIDUALS					INTERESTED IN		

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## B & C 2

Size 6½" by 9½"

THE JOHNS HOPKINS HOSPITAL SOCIAL SERVICE DEPARTMENT			
		DATE	S. S. NO.
NAME	AGE	M. OR F.	S.M.W.D.
ADDRESS			
BIRTHPLACE	HOW LONG IN U. S.	HOW LONG IN BALTO.	CITIZEN
FAITH		CHURCH	
DATE	DIAGNOSIS	DEPT.	
OTHER DEPT'S. TREATED IN		DATE	DIAGNOSIS
PREVIOUSLY TREATED AT		DATE	DIAGNOSIS
ENTERED INSTITUTION		DATES	DIAGNOSIS
DATE	OCCUPATION OR SCHOOL	PROCESS OR GRADE	WKLY. WAGE
DATE	EMPLOYEE OR PRINCIPAL	FOREMAN OR TEACHER	ADDRESS
BENEFIT SOCIETIES	TRADE UNION	INSURANCE	WKLY. PREMIUM

B & C 3

Size  $6\frac{1}{4}$ " by  $9\frac{3}{4}$ "

JOHNS HOPKINS DISPENSARY  
SOCIAL SERVICE DEPARTMENT

NAME

NO.

NARRATIVE

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### E

Size  $6\frac{1}{4}''$  by  $9\frac{3}{4}''$  (Stiff buff card)

THE JOHNS HOPKINS HOSPITAL DISPENSARY, NO.

NAME

SEX

DATE

ADDRESS

SEX

S. M. W.

RACE

BIRTHPLACE

OCCUPATION

SOCIAL SERVICE DEPARTMENT No.



F

Size 5<sup>5</sup>/<sub>8</sub>" by 9<sup>1</sup>/<sub>4</sub>"

JOHNS HOPKINS DISPENSARY  
SOCIAL SERVICE DEPARTMENT

Referred by ..... Date .....

Fees to be omitted. Yes. No.

Name ..... Date of birth .....

Address .....

Church ..... Birthplace .....

How long in the United States .....; in Baltimore? .....

If a child, names of parents .....

Significant facts in family and personal history, physical and social .....

.....

.....

.....

.....

Significant facts about environment. ....

.....

.....

EMPLOYMENT

Nature ..... Hours .....

Place ..... Wages .....

School ..... Grade .....

PREVIOUS MEDICAL ATTENTION

Places: ..... Date .....

..... " .....

..... " .....

Reason for referring .....

(The blanks below are to be filled in by physician for information of Social Service Department)

Diagnosis: .....

Recommendations: .....

.....

.....

.....

G

Size 8 $\frac{3}{8}$ " by 5 $\frac{3}{8}$ " (Yellow Sheet)

THE JOHNS HOPKINS HOSPITAL SOCIAL SERVICE DEPARTMENT	
NAME .....	ADDRESS .....
DEPARTMENT .....	DR. .... S. S. NO. ....
DATE .....	AGE ..... RACE .....
PURPOSE .....	
	VISITOR .....

Sheet used by volunteers in writing up case visits

Sheet used by volunteers in writing up case visits.

### USE OF MEDICAL RECORDS

Histories of discharged house patients may be secured from the clerk in the history room (third floor of surgical building) upon presentation of blank (see below), after being signed by the chief of S. S. or a member of the staff authorized by her.

	DATE .....
PLEASE ALLOW	
MISS .....	
TO SEE THE HISTORY OF	
.....	
.....	
SOCIAL SERVICE DEPARTMENT	

Dispensary records may be secured from the clerk at the desk by signing the book kept on the desk for that purpose.

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When a number of dispensary histories are needed in making reports, etc., give the dispensary clerk a list containing the dispensary numbers arranged numerically, between the hours of 11 A.M.—12 M. or 3-4 P. M. See sample below.

Size 4½" by 11" (or shorter)

<b>SOCIAL SERVICE DEPARTMENT</b>	
<b>REQUIRED FOR SOCIAL SERVICE INVESTIGATION</b>	
<b>HISTORY NUMBER:</b>	<b>DATE RETURNED:</b>
<b>SIGNED.....</b>	
<b>DATE.....DEPARTMENT.....</b>	
<p>Histories requisitioned before 9.30 can be gotten by 12 o'clock. Those requisitioned before 2 P. M. by 4 P. M.</p>	
<p>More than 15 histories cannot be taken from the files at one time.</p>	

## REGISTRATION OF CASES

Cases are registered consecutively by assistant secretary without regard to the clinic from which they are referred; the social service number is given to the family.

New statistical records are placed by the worker, on the date the case is referred, in the wire basket kept in the central office. Before registering a case the assistant secretary will look through the card file to ascertain if the patient or his family has been known to social service; if so, the original number is given to the case history. A slip of paper is attached to the history, naming the clinic in which the family is known, and the history is given to the worker.

Statistical histories will be kept by the worker until the end of the year when if closed they will be destroyed. One patient may have a statistical record in several clinics.

The workers are expected to look through the active history drawer at the end of each month and see that all quiescent histories are closed.

## CARDS

White catalogue cards are used when there is any history of the case in the social service files (see No. 1, page 37), short service cards when there is only a statistical history (see A, page 41). "Steering blank" is written in red, top line of white card to indicate steering case.

If two or more clinics are carrying statistical records on'y of the same patient, subsequent clinics with the dates should be entered on the same card, under "Remarks."

The family card No. 3 (page 54) is practically self-explanatory, except that under "Relatives" may be listed without addresses, only those relatives having the same surname, including married sons of the family with which you are dealing. Give year of birth, not age.

If the history gives the names of both parents, and one is dead, after the Christian name write "dead" in red; if one parent is dead, and the Christian name is not given, write "dead" after M or W in black.

If a woman has been married more than once, and has had children by the former marriage or marriages, their names, giving surnames, are listed and underneath is written in black, "W's" by .....marriage; if there are children by the present union, their Christian names follow. In a similar way are indicated children by the former marriages of the man.

A relative (buff) card (see No. 4, page 54) is made up for the children by the former marriages of the wife, names arranged in alphabetical order, the same form being used as with relatives cards.

Patient's card (see A, page 41) bears name, address, "See" (surname, parents' Christian names) in red, and diagnosis, on left-hand side, and S.S. number, date (of coming to S.S.D.), department in which treated, and dispensary, house or service number on the right-hand side.

Patient's card bears the \* in the extreme left-hand corner to indicate that there is no family card.

When deaths occur write after the names on the family card "dead" in red. If the deceased were patients, make a similar notation on the index cards.

Add births to family cards.

Relatives' cards (buff) are made up for married daughters and for all other relatives of different surnames, and below in red beginning at the extreme left, "See (surname, patient's Christian name)", and to the extreme right, S.S. number of the family with which you are dealing.

Occasionally it will be found necessary to make up cards for persons other than relative. For instance in the case of an unmarried mother, a card should be made for the man in the case if his name is known. (The buff card is used.) If there is a B No. 1 or C No. 1 (pages 42 and 43) sheet, the girl's name and the name of the child appear on the family card. If the child is known by the same name as the man, both the child's name and the man's name should appear in alphabetical order on a relative card.

Black capital "C", center top line, indicates a colored patient and appears on patient's and relatives' cards.

When the family goes by two or more names, cross-reference cards are made out for the other names.

Attention is called to the fact that B No. 1 and C No. 1 sheet show "Household," while the cards are called "Family Cards."





## STATISTICS

### MONTHLY SHEETS

Each worker shall keep a monthly statistical sheet (see J, pages 57 to 59). The first time a patient is referred to the social worker he is "new," whether or not the family is known to the department. His social service number is that given to the family. He is "new," if he has been known to another clinic. He is "old," if carried forward in that clinic from the preceding month for attention. He is "reinstated," if he has been previously referred from that clinic, has been "closed," and is again made "active."

### TRANSFERRED CASES

Cases may be transferred from one JHH clinic to another or to an outside agency.

### CLOSED

A case that is quiescent in the social service department.

At the end of each month, data called for shall be entered on the monthly sheets. (See J-2 and J-3, pages 58 and 59) from the statistical records carried during the month.

On or before the fifth day of each month all clinic monthly sheets (see J-1, page 57) are returned to the supervisor who will have the totals entered on the department sheet (see H, page 49), which includes statistics for the entire department. Within one week, all department sheets shall be returned to the worker in charge of the department (wire basket No. 2 for registered histories).



J-2

Size 13 $\frac{3}{4}$ " x 9 $\frac{1}{4}$ "

[illegible]

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J-3

Size 8 $\frac{3}{8}$ " x 10 $\frac{7}{8}$ "

DEPARTMENT:

DATE:

## SUMMARY

NEW CASES

INTENSIVE

SHORT SERVICE.....

TOTAL

CLOSED CASES

INTENSIVE

SHORT SERVICE.....

TOTAL

SEX

COLOR

ADULT

CHILD

MALE

FEMALE

WHITE

BLACK

## REFERRED FROM

WARD

DISPENSARY

ADMITTING ROOM

OTHER SOURCES

## HOUSING

GOOD

FAIR

POOR

NOT VISITED

PERSONAL PROBLEMS

FAMILY PROBLEMS

COMMUNITY PROBLEMS

PROBLEMS

OUTSTANDING



## CONFIDENTIAL EXCHANGE OF INFORMATION

“The confidential exchange is a fundamental principle in efficient co-operation between social agencies.

### PRINCIPLES OF C. E. OF I.

“Prevents duplication and strengthens co-operation between agencies. Protects the patient from unnecessary investigation and mental confusion arising from conflicting advice. A means of settling identification. Supplies valuable information.”

### REGISTRATION OF CASES

All new and reinstated cases are registered with the C. E. of I. by the secretary in the central office. Forms are supplied upon request by the Confidential Exchange of Information, Calvert and Pratt St. (phone Plaza 3271). See page 59.

Size 4" x 6"

[illegible]

Information returned by the C. E. of I. is attached by the secretary to the history, if the case is active in the S.S.D. and placed on the worker's desk. If the case is closed the information is entered on the face sheet by the secretary.

#### GIVING INFORMATION TO OUTSIDE AGENCIES AND INDIVIDUALS

Extreme caution should be exercised in giving information about patients.

No diagnoses are given out by the social service department except in connection with their own patients, and to agencies or individuals known to the worker and who need our assistance in making a plan for the patient's welfare. Before giving information to be used in Court or for other legal purposes concerning a house patient, after being approved by the Chief of S. S., consult the admitting officer, or the director of the dispensary if a dispensary case.

Reports of patients shall be given out only by the workers actively interested in them. If several members of the social service department in different clinics are interested in various members of a family, and a co-operating agency asks a report, each social worker shall give her own report.

If patient is not known to S. S., information in reference to house cases must be secured through the admitting officer, dispensary cases through the director of the dispensary.

#### STEERING BLANKS

Blank forms ((F) page 47) are furnished on request to outside agencies. They are required to send them to the social service office by patients for whom they are asking information and advice.



Pertinent information from the agency should be given to the doctor before he sees the patient.

The patient is directed to return to the social service department after examination. The doctor is seen by the social worker after the examination. The agency responsible should have the report the day the doctor's recommendation is made.

By using the blank form the agency is certain of receiving a report, the social service department has the necessary information to enable the doctor to make a recommendation, the patient is spared unnecessary questioning and a uniform spelling of foreign names is assured.

The information is sent to the outside agency by letter. If not previously known to the social service department the steering blank is the only record of the case necessary and is treated as other histories.

## BILLS, ORDERS AND MONEY

### LEDGER CARDS

Ledger cards, see below, are filed for all money received or advanced, or bills contracted, containing in addition to the printed form the name of the firm from whom the purchase is made. If installment payments, state amount, and if made monthly, weekly, etc.; if the patient cannot pay for an appliance, state whether the Social Service Department or what outside agency is responsible. Entry is made by the worker on the ledger cards of first payment on the day the debt is contracted, or if subsequent payments are made to her on small manilla envelopes, and handed to the secretary. Payments

for appliances ordered from The Johns Hopkins Hospital Brace Shop are made directly to the nurse in charge of the Orthopedic Clinic, except when an outside agency has assumed responsibility for the appliance, then payment is made through the Social Service Department and, after being entered on the ledger card, the money is turned over by the secretary to the nurse.

Size 5" x 3"

	1	3	5	7	9	11	13	15	17	19	21	23	25	27	29	31	
NAME																	NO
ADDRESS													WORKER				
DATE	AMOUNT		REMARKS			PAID											
				DATE	AMOUNT												

JOHNS HOPKINS HOSPITAL

## ORDERS

For appliances ordered from the Charles Willms Surgical Instrument Company use firm's order book; for other orders use outside requisition blank (see page 70).

All orders should be signed by the chief of social service. Nothing is to be charged to the social service department without a written order, a copy of which is to be on file.

Checks should be made payable to The Johns Hopkins Hospital Social Service Department, and the checks should state for whom and what remittance is made.

Receipts should be given in the name of the "Chief of Social Service" per worker's initials.

Orders on the cash drawer should be approved by the chief of social service before being presented for payment. Form, see below, may be secured from the secretary.

Size 5" x 3"

DATE.....	
TO.....	AMT.....
FOR.....	SIGNED.....
APPROVED.....	

Carfare for patients is paid by the Social Service Department. Tickets may be secured from the secretary. Lunches for patients are paid for by the Social Service Department.

Carfares for workers, and incidental expenses are paid by The Johns Hopkins Hospital. A statement is presented monthly on "Pay-Day" at "the bank," after being approved by the Chief of Social Service.

A cash statement, and all bills contracted by the Social Service Department, after being approved by the Chief of Social Service, are sent to the Controller of The Johns Hopkins Trust Estate, 1210 Fidelity Building, on the twelfth day of the month.

Bills due the Social Service Department are sent out by the secretary on the first day of the month.

## INSTALLMENTS

“The first point to be considered when a patient asks to be allowed to pay for apparatus of any kind on installments, is whether the patient is able to pay or whether a charitable agency should be asked to bear the responsibility. Having determined this question and decided to make it an installment case, the second point is whether the patient should pay full price or be given the benefit of a reduction. This must be determined by the social worker and based upon the patient’s circumstances.” Orthopedic appliances and glasses may be given free or at cost by the social service department.

## METHOD OF PAYMENTS

Patients must fill out the following blank, promising to pay a definite amount, stating terms, i.e., whether weekly, monthly, etc.

Size 5" x 3 $\frac{5}{8}$ "

<p style="text-align: center;"><b>THE JOHNS HOPKINS HOSPITAL</b></p> <p style="text-align: right;">DATE.....19.....</p> <p style="text-align: center;">I PROMISE TO PAY TO THE SOCIAL SERVICE DEPARTMENT</p> <p>ON OR BEFORE:</p> <p>ON THE FOLLOWING TERMS:</p> <p style="text-align: center;">SIGNED,</p>
---

### METHOD OF CLOSING CASES

If it becomes evident that a patient who is paying for apparatus on installments cannot keep up the payments, he should be transferred to the free list and the worker on the case should notify the book-keeper.

### REQUESTS FOR FREE TREATMENT

Twenty-four hour passes may be given without investigation. For longer periods requests for free treatment must be made on form below after case has been investigated, and are not to exceed 30 days, but may be renewed at expiration if necessary.

Size  $4\frac{3}{4}''$  x  $3\frac{1}{4}''$

<b>THE JOHNS HOPKINS HOSPITAL</b>	
	DATE.....
BEARER.....	DISP. NO.....
IS RECOMMENDED FOR ADMISSION AT THE REDUCED RATE OF	
.....PER VISIT FOR.....FROM DATE.	
<div style="display: flex; justify-content: space-around;"> <span>( TO APPLY )</span> </div> <div style="display: flex; justify-content: space-between;"> <span>THIS RATE</span> <span>(NOT TO APPLY) TO MEDICINES.</span> </div>	
APPROVED:	..... SOCIAL WORKER ..... ASSISTANT DIRECTOR

MISCELLANEOUS FORMS

Form used in referring patients to Social Service.

Size  $4\frac{5}{8}''$  x  $2\frac{3}{4}''$

<b>THE JOHNS HOPKINS HOSPITAL DISPENSARY</b> <hr style="width: 20%; margin: 5px auto;"/> <b>REFERRED TO SOCIAL SERVICE DEPARTMENT</b>	
<b>PATIENT'S NAME</b> .....	
<b>REASON REFERRED</b> ..... ..... .....	
<b>DR.</b> .....	

Discharge Notice—filled in by interne in charge of case.

Size 6'' x 4''

<b>THE JOHNS HOPKINS HOSPITAL</b> SEND TO S. S. D. AT LEAST 24 HOURS BEFORE DISCHARGE	
<b>NAME</b> .....	<b>ADM.</b> .....
<b>ADDRESS</b> .....	<b>DISCH.</b> .....
<b>AGE</b> ..... <b>M. F.</b> <b>W. B.,</b> <b>S.M.W.D.</b> .....	<b>WARD</b> .....
<b>DIAGNOSIS</b> .....	<b>RESULT</b> .....
.....	
<b>DATE</b> <b>TO RETURN</b>	1. NOT NECESSARY 2. TO WARD; OBSERVATION 3. TO DISPENSARY—OBSERVATION—DRESSING .
<b>DATE</b>	
<b>RECOMMENDATION:</b> ..... .....	
<b>SIGNED</b> .....	

Form given by interne to patient upon discharge.  
Size 5" x 3"

NAME .....	
PLEASE COME TO THE JOHNS HOPKINS HOSPITAL DISPENSARY, MONUMENT STREET	
AND RUTLAND AVE.,.....	MORNING AT 9 O'CLOCK,.....
.....AFTERNOON AT 2 O'CLOCK FOR TREATMENT IN THE.....	
.....DEPARTMENT.	
FOR .....	
.....M.D.	
BRING THIS CARD WITH YOU.	

## SUPPLIES

### GENERAL OFFICE

Supplies may be ordered any Thursday before twelve noon. The main supply should be ordered the first Thursday of each month. Requisition (see form No. 2, page 71) is made in duplicate; after being signed by department chief, one is taken to the office of the assistant director.

Stationery supplies are delivered at the social service office on Saturday, A. M. with the exception of stamps for which the secretary has to go to the bank on Saturday A. M. A duplicate requisition is filed in the social service office after checking up the supplies.

Separate requisitions are made for:

Henry Phipps Psychiatric Clinic

Phipps Tuberculosis Clinic

Orthopedic Clinic

Harriet Lane Home

Johns Hopkins Colored Orphan Asylum.

## DEPARTMENTS

Each worker makes out a requisition for supplies Wednesday of each week, before 5 P. M. The supplies are put on the worker's desk by the assistant secretary. All requisitions are approved by the department chief.

## REPAIRS

Repairs are requisitioned in the same manner as supplies.

## OUTSIDE REQUISITIONS

For ordering office furniture use requisition form No. 1, (see below). Three copies are made, after being approved by the department chief; two copies are taken to the office of the assistant director. One copy is kept on file in the S.S. office.

No. 1  
Size  $8\frac{3}{8}''$  x  $6\frac{1}{8}''$

**THE JOHNS HOPKINS HOSPITAL**

DEPARTMENT.....DATE.....NO.....

MESSRS.....

PLEASE FURNISH THE FOLLOWING SUPPLIES:

QUANTITY	DESCRIPTION	PRICE

SUPERINTENDENT.



ORGANIZATION AND METHOD IN SOCIAL SERVICE 71

No. 2  
Size  $4\frac{1}{2}''$  x  $7\frac{1}{4}''$

THE JOHNS HOPKINS HOSPITAL

REQUISITION FOR SUPPLIES AND REPAIRS

TO THE SUPERINTENDENT:

REQUIRED FOR.....DEPARTMENT,

SIGNATURE.....

DATE.....19.....

APPROVED:

.....SULT.

## OFFICE RULES

Members of the staff are expected to notify the supervisor of any change of address or telephone number.

When anyone is absent on account of illness or other reason the supervisor should be notified, also when unduly delayed in reaching the hospital.

When there is an inquiry for a worker who has left or is absent be sure to put the one who inquires in touch with the one who is taking her place. If no one has been appointed, refer the inquirer to the supervisor.

## VOLUNTEERS

All names and addresses, telephone numbers, hours and days with clinics they are serving, should be in the index file under "Volunteers." Volunteers are expected to register daily in the general office, and to notify the supervisor of anticipated absences or when delayed in reaching the hospital.

## TELEPHONE

Messages taken over the telephone or from a visitor in the office should be written in the following form and put in the letter box if the mail has not been collected or on the desk if it has.

FOR WHOM.....
FROM WHOM.....
MESSAGE.....
BY WHOM TAKEN.....
TIME TAKEN (DATE, HOUR) .....

Telephone calls are received by the clerk and turned into the worker's office by a bell system. Each worker has her own number of rings posted on the telephone and is expected to listen for her signal.

When expecting a telephone call, notify the secretary where you may be, otherwise much valuable time is lost.

In answering the telephone always state at once who you are and your connection with the social service department.

Ascertain the name of the person speaking.

When calling another agency find out to whom you are speaking. Be careful of the telephone you use on those cases when you do not wish to be overheard. Remember that patients sitting in the office or nearby, may easily misinterpret what has been said over the telephone or feel that their confidences are likely to be betrayed.

Do not use the telephone as a form of communication for cases in which there have already been difficulties or misunderstandings. And, again, if during a telephone conversation a misunderstanding has been created, do not continue, but arrange a conference in which to talk the matter over.

In ending a telephone conversation, reiterate whatever arrangement has been made; in this way there will be no lack of definiteness. At this time if you are talking with someone whom you do not know, your name may be again emphasized so that further communications on the same case will be made to the worker interested.

#### TELEGRAMS

Telegrams if charged to the hospital must be approved by a member of the Administrative Staff and be sent from front office. If prepaid, they may be sent from the pay telephone booth in the administration building.

#### FILING

All filing is done by the assistant secretary.

#### KEYS

Keys to the clothes room, library and supply closet, are in possession of the assistant secretary.

In the supply closet, boxes labeled to indicate contents are arranged in order.

#### IN AND OUT BOARD

The workers are to push their names in and out whenever entering or leaving the hospital.

#### OFFICE RESOURCES

##### LIBRARY

For the use of the staff:

Books on social work.

Reports and reprints.

Periodicals:

The Survey.

The Family.

Hospital Social Service.

The Public Health Nurse.

For the use of the staff and patients:

Fiction.

When a book, a report, a reprint, a magazine, etc., is taken from the library, the worker indicates on a card the title of the volume and issue, the author's name, the date on which taken, signs her name, and hands same to the assistant secretary. Books may be kept for two weeks.

Books, reports, etc., are returned through the assistant secretary, so that the card previously signed may be destroyed.

Fiction may be taken without filing card.

The social workers have access to the main library in the administration building.

Directory:

Institutions,  
Co-operating agencies,  
Boarding houses,  
Interpreters,  
Special schools,  
Foreign Consuls.

### USE OF SOCIAL SERVICE FORD

The Social Service Ford is used to bring patients back and forth to the dispensary who are not able to come by trolley and cannot afford to pay for a taxi. We are dependent upon volunteer chauffeur service.

Workers wishing to requisition the Ford, should make entry in register in central office as follows:

DATE.....
NAME OF PATIENT.....
FROM.....
TO.....
HOUR.....
WORKER'S INITIALS.....

Entries should be made as far ahead as possible to prevent duplication.

## CLOTHING REQUIRED BY PATIENTS ENTERING THE STATE TUBERCULOSIS SANATORIUM IN WINTER

- Horse blanket
- Rubbers
- Shoes
- Bathrobe
- Bedroom slippers or bed socks
- 3 pair hose
- 2 sets underwear (light or heavy, according to season)
- 2 flannelette night gowns, or 2 sets of pajamas.
- Cap (also muffler, if convenient)
- Mittens
- Overcoat
- Laundry bag
- Hot water bottle
- Sweater.

All clothing should bear patient's name written in indelible ink.

Supplies on hand (i. e. sputum cup and liners) may be taken to the Sanatorium.

These policies have been gradually compiled as a guide to the individual worker. The true aim toward which social service is working has been masterfully expressed in the words of our Physician-in-Chief, Dr. G. Canby Robinson: "It should be the outspoken ideal of every hospital and all connected with it to endeavor to have every patient who enters its doors leave the institution a better man, woman, or child, not only physically, but also intellectually and spiritually in the period of transition when the doctor more

or less withdraws, the social worker should take his place, and the transition should be accomplished with intimate co-operation, in that gradually the patient is transferred from the medical to the social service, rather than being discharged from the hospital." \*

### KEY TO ABBREVIATIONS

B V H	Bay View Hospital (City Hospital and Alms House).
C E of I	Confidential Exchange of Information.
H L H	Harriet Lane Home (Department of Pediatrics).
HPPC	Henry Phipps Psychiatric Clinic
J H H	Johns Hopkins Hospital
M	Man.
M T H	Municipal Tuberculosis Hospital.
S C C	Supervisors of City Charities.
S S D	Social Service Department.
W	Woman.

\*"Influence of Social Service in The Hospital."—G. Canby Robinson, M.D., Physician-in-Chief, The Johns Hopkins Hospital. (Pub. in HOSPITAL SOCIAL SERVICE, April 1922—Vol. V.—No. 4.)







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